

NOTICE OF DISPUTE

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency
P O Box 30016, Lansing, MI 48909

1. Social Security No.	2. Date of Injury 11/14/2008	3. Employee Name (Last, First, MI) ODUM, SHERITA R.		
4. Employee Address (Street No. and Name)		5. City	6. State MI	7. Zip Code 48239
8. Employer Name Beaumont Hospitals				9. Federal ID No. 381459362
10. Employer Street Address 550 Stephenson Highway Ste. 200		11. City Troy	12. State MI	13. Zip Code 48085
14. Carrier or Self-Insured Name Beaumont Hospitals			15. NAIC or Self-Insured No. 80000882	16. Zip Code 48085
17. Service Company/TPA Name Sedgwick Claims Management Services, Inc			18. Service Co./TPA ID No. A90	19. Zip Code 48084
20. Claim or File No. 30081113686-0001		21. County of Injury		22. County Code (if known)
23. Reason for Dispute A. <input type="checkbox"/> Injury not work related B. <input type="checkbox"/> Medical treatment not related to injury C. <input type="checkbox"/> Further investigation required (please specify below) D. <input type="checkbox"/> Additional information required from employee (please specify below) E. <input type="checkbox"/> Vocational rehabilitation dispute only (please specify below) F. <input checked="" type="checkbox"/> Other (please specify below) Based on the Stokes evaluation, the weekly compensation rate is reduced to \$101.75.				

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

Authority: Workers' Disability Compensation Act, R408.33(1)
Completion: Mandatory
Penalty: Workers' Disability Compensation Act, 418.631; 418.801; R408.33

This is to certify that a copy of this form has been mailed or given to the injured employee.

24. Preparer's Name (Please Print) Ann Marie Roberts	25. Signature <i>A Roberts</i>	26. Telephone No. (248)637-4286	27. Date 06/06/2011
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NOTICE TO EMPLOYEE

By filing this form, your employer or its workers' compensation insurance company has indicated to the Workers' Compensation Agency that it has a question or a dispute concerning the possible workers' compensation benefits to which you may be entitled. You may or may not agree with the position taken by the employer or insurance company.

If you feel that you are not receiving the benefits to which you are entitled, you should discuss this with your employer or representative of its insurance company. If you have already done that or you are not satisfied with the discussion, you may file formal application for mediation or hearing. You can obtain the appropriate forms or more information by contacting the Workers' Compensation Agency at our toll-free number of 1-888-396-5041 (if necessary, a TTY device is available at 517-322-598). Additional information may also be found on our website at www.michigan.gov/wca.